

Understanding and Managing Parkinson's Disease

A Program for Healthcare Professionals

ORDER FORM

This three-hour educational program offers specialized training for clinicians including physicians, nurses and allied staff in the treatment and management of people with Parkinson's disease. The program consists of six, 30-minute educational modules. The topics include an overview of Parkinson's disease, medical management, rehabilitation strategies, cognitive and behavioral changes, surgical intervention and research.

The program was developed by the Parkinson's Disease Research Education and Clinical Center (PADRECC) network within the Veteran's Health Administration, the Employee Education System (EES), and the Virginia, Western Reserve, Mountain State and Pennsylvania Consortia of Geriatric Education Centers.

Two VHS cassettes and handout: \$30.00

Please send check or money order (cash and credit cards cannot be accepted) made payable to
"Virginia Commonwealth University" and mail with the completed order form to:

**Understanding and Managing Parkinson's Disease
Virginia Geriatric Education Center
P.O. Box 980228
Richmond, VA 23298-0228**

Ship to (please print):

Name:

(First) (Middle Initial) (Last)

Mailing Address:

(Street)

(City, State and Zip)

Phone Number:

() _____

This program was funded in part by Federal funds granted by the Division of Interdisciplinary, Community-Based Programs (DCom), Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) to the Virginia, Mountain State, Western Reserve and Pennsylvania Geriatric Education Centers. To comply with federal reporting requirements and to secure continued funding, we ask that you supply us with the following profile information:

Primary Care Disciplines	Other Health Professions	Allied Health Disciplines
<input type="checkbox"/> Family Medicine <input type="checkbox"/> General Internal Medicine <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse Midwife <input type="checkbox"/> Dentistry <input type="checkbox"/> Podiatry <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Allopathic Medicine <input type="checkbox"/> Osteopathic Medicine <input type="checkbox"/> Other Advanced Practice Nurse (MSN) <input type="checkbox"/> Undergraduate Nurse (BSN,ADN,diploma) <input type="checkbox"/> Chiropractic <input type="checkbox"/> Dental Public Health <input type="checkbox"/> Health Administration <input type="checkbox"/> Public Health <input type="checkbox"/> Pharmacy <input type="checkbox"/> Clinical/Counseling Psychology <input type="checkbox"/> Social Work <input type="checkbox"/> Counseling <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Rehabilitation (therapist or assistant in OT, PT, Recreation/Activities, Speech/audiology) <input type="checkbox"/> Dental Hygienist/Dental Assistant <input type="checkbox"/> Clinical Lab Sciences (lab, tech) <input type="checkbox"/> Food and Nutrition Services (DIT or Tech) <input type="checkbox"/> Health Information (med records/transcription) <input type="checkbox"/> Other Technician (EEG,EKG,EMT) <input type="checkbox"/> Assistants (CNA, STNA, Home Health Aides, Medical Assistants) <input type="checkbox"/> Other (specify) _____
Discipline/Profession not related to Health Care <input type="checkbox"/> Law (Attorney, Paralegal) <input type="checkbox"/> Law Enforcement/ Security/Protective Services <input type="checkbox"/> Other (specify) _____		

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Which of the following best describes the setting in which you primarily work? (Select all that apply and indicate percentage of time spent in each area)

- | | |
|--|--|
| <input type="checkbox"/> Acute care/hospital | <input type="checkbox"/> HMO/managed care |
| <input type="checkbox"/> Community based clinic | <input type="checkbox"/> Nursing home/ long term care facility |
| <input type="checkbox"/> College/university/school | <input type="checkbox"/> Office for aging |
| <input type="checkbox"/> Department of Health | <input type="checkbox"/> Private practice |
| <input type="checkbox"/> Home health agency | <input type="checkbox"/> VA hospital/clinic |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Other (specify) _____ |

The following information is used only to encourage funding support for underserved communities:

Gender: ☐ Male ☐ Female **Date of Birth:** _____/_____/_____

Which best describes your racial / ethnic background?

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Hispanic or Latino |

Do you consider yourself to have ever been from an economically or educationally disadvantaged background? ____ Yes ____ No

Profile of the population you serve:

Approximate number of older adults you serve per month _____
Percentage of racial/ethnic minority elders you serve _____
Percentage of disadvantaged/underserved elders you serve _____
Largest minority or underserved elderly population you serve _____

Educational Background and Discipline/Profession:

Most Advanced Degree: (Check one and specify degree)

- | |
|---|
| <input type="checkbox"/> Associates Degree (Specify _____ e.g. AA, AAS) |
| <input type="checkbox"/> Baccalaureate Degree (Specify _____ e.g. BA, BS, BSN, BSW) |
| <input type="checkbox"/> Masters Degree (Specify _____ e.g. MA, MBA, Med, MS, MSN, MSW) |
| <input type="checkbox"/> Doctorate Degree (Specify _____ e.g. PhD, EdD, ScD) |
| <input type="checkbox"/> Other Advanced Professional Degree (Specify _____ e.g. MD, DO, JD) |
| <input type="checkbox"/> Other (Specify _____) |

If you are a health care practitioner and spend at least 50% of your time serving underserved populations (e.g. low income/low socioeconomic status, limited access to care, geographically isolated, etc.) please answer the following:

Site of practice: (please check if you work in any of the following sites)

- | | |
|--|---|
| <input type="checkbox"/> Community Health Center | <input type="checkbox"/> HPSA (Federally Designated Health Professions Shortage Area) |
| <input type="checkbox"/> Health Care for the Homeless Center | <input type="checkbox"/> Migrant Health Center |
| <input type="checkbox"/> Rural Health Clinic | <input type="checkbox"/> Public Housing Primary Care Center |
| <input type="checkbox"/> National Health Service Corps Site | <input type="checkbox"/> Mental Health Center |
| <input type="checkbox"/> Federally Qualified Health Center | <input type="checkbox"/> Indian Health Service |
| <input type="checkbox"/> Ambulatory Practice Sites Designated by State Governors | <input type="checkbox"/> State or Local Health Department |
| | <input type="checkbox"/> Other, specify _____ |

What activities do you perform in your work?

(Check ALL that apply, and CIRCLE your PRIMARY ROLE)

<input type="checkbox"/> Direct Care/practitioner <input type="checkbox"/> Technical Duties <input type="checkbox"/> Counseling <input type="checkbox"/> Administration <input type="checkbox"/> Academic Teaching <input type="checkbox"/> Curriculum Development <input type="checkbox"/> Clinical Teaching <input type="checkbox"/> In-service Training <input type="checkbox"/> Continuing Education <input type="checkbox"/> Community Work	<input type="checkbox"/> Research <input type="checkbox"/> Publications <input type="checkbox"/> Grant writing for Research <input type="checkbox"/> Grant writing for Training and Education <input type="checkbox"/> Board or Committee Membership <input type="checkbox"/> Other: _____
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Thank you for your time in completing this form. Please send your completed form to Kathleen Watson, M.S., Senior Project Coordinator, Virginia Geriatric Education Center, P.O. Box 980228, Richmond, VA 23298-0228. You may contact her at 804.828.9060 or e-mail at kdwatson@vcu.edu if you have any questions or need additional information.